

FILED NOV 6 1948 18

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 34042
9214
Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: En Route City Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)
In this community 3

3: (a) PRINT FULL NAME Clinton Joseph Dalton

3: (b) If veteran, name war none 3: (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 3 years
7. Birth date of deceased Oct. 3 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 19 If less than one day hr. min.

9. Birthplace East St. Louis Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Guard

11. Industry or business Scullen Steel

12. Name Albert Dalton

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Wathen

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Pike

(b) Address 4518a. Clarence Ave.

17. (a) Burial (b) Date thereof Oct. 26, 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Stroot Carroll

(b) Address 4600 Natural Bridge

19. (a) OCT 25 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4518a. Clarence Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 year 1948 hour 9:00 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Thrombosis Duration

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (a) Means of injury 3
23. Signature Patricia C. Taylor Date signed 10-25-48
Address 1300 Clark

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.